

# ALCOHOL AND DRUG ABUSE COUNSELOR INTERN PROGRESS REPORTING FORM

Reports, a processing fee of **\$37.50**, verification from supervisor that you are meeting the educational requirements and verification from your supervisor of the required CEU's are due by **January 15 and July 15** of each year until you pass the written and oral examinations. Failure to have internship progress reports in by the required reporting date automatically **voids** your internship status. An Intern must accrue a minimum of 10 approved CEU every six (6) months. If this is within your first six months of serving as an Intern then you must accrue a minimum of 15 approved CEU's. ***If all items are not submitted by the due dates you will be charged a late fee of \$75.00 plus the processing fee for a total of \$112.50.***

COUNSELOR INTERN (Print): \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_.

CO-SUPERVISOR(S) NAME \_\_\_\_\_.

REPORTING PERIOD: From \_\_\_\_\_ To \_\_\_\_\_ List Education/Training obtained by the Intern: This should include verification of CEU's and educational requirements that are required by NRS 641C. An individual required to attend college courses must complete a minimum of 3 units each semester


## *Specific Activities of Intern:*

<b>DATES OF INDIVIDUAL SUPERVISION</b> (1 hour every week is required) Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor. <b>Progress reports start on January 1 and go to June 30 and July 1 to December 31 of each year.</b>										<b>DATES OF OBSERVATION OF COUNSELING SESSIONS</b> (Observation of one session per month is required) Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor.
1		76		13		19		25		
2		8		14		20		26		
3		9		15		21		27		
4		10		16		22		28		
5		11		17		23		29		
6		12		18		24				

Have all hours of supervision been documented in case files, initialed and dated by the supervising counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

In order for a counselor intern to pass the certification examination, the intern must have knowledge and experience in all aspects of alcohol and drug abuse counseling. During each supervision period you should evaluate growth and change in each area and identify specific learning activities. The assessment of knowledge and planning of activities should be made in conjunction with the intern. Use the following codes to evaluate current knowledge:

5	Advanced or full knowledge	5	Advanced or full experience
4	Intermediate knowledge	4	Intermediate experience
3	Basic or entry level knowledge	3	Basic or entry level experience
2	Limited knowledge	2	Limited experience in area
1	No knowledge, no training	1	No experience

This is meant as a tool to guide the intern and supervisor in planned activities while preparing for the examination	CURRENT LEVEL OF KNOWLEDGE	CURRENT LEVEL OF EXPERIENCE	ACTIVITIES COMPLETED DURING THIS PERIOD
<b>EXAMINATION CATEGORIES</b>			
<b>Section 1. TRANSDISCIPLINARY FOUNDATIONS:</b> The following knowledge and attitudes are prerequisite to the development of competency in the professional treatment of substance use disorders. Such knowledge and attitudes form the basis of understanding upon which discipline-specific proficiencies are built.			
UNDERSTANDING ADDICTIONS			
TREATMENT KNOWLEDGE AND THEORIES			
APPLICATION TO PRACTICE			
PROFESSIONAL READINESS			
<b>Section 2. PROFESSIONAL PRACTICE OF ADDICTION COUNSELING:</b> Professional practice for addiction counselors is based on eight Practice Dimensions, each of which is necessary for effective performance of the counseling role. Several of these dimensions include sub-elements. The dimensions we have identified, along with the competencies that support them, form the heart of this section of the document.			
<b>1. Clinical Evaluation:</b> The systematic approach to screening and assessment.			
a. Screening			
b. Assessment			
c. ASAM PPC 2			

a. DSM - IV			
<b>II. Treatment Planning and Theories:</b> A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them.			
<b>III. Referral:</b> The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.			
<b>IV. Service Coordination:</b> The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.			
a. Implementing the Treatment Plan			
b. Consulting			
a. Continuing Assessment & Treatment Planning			
<b>V. Counseling Skills and Practice:</b> A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling include methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.			
a. Individual Counseling			
b. Group Counseling			
c. Counseling Families, Couples, & Significant Others			

<b>VI. Client, Family &amp; Community</b> <b>Education:</b> The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment and recovery resources.			
<b>VII. Documentation:</b> The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.			
<b>VIII. Professional &amp; Ethical Responsibilities:</b> The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.			
<b>NAADAC'S ETHICAL STANDARDS OF PRACTICE</b>			
<b>CONFIDENTIALITY</b>			
<b>DOT'S PROFESSIONAL SERVICES</b>			
<b>PHARMACOLOGY OF PSYCHOACTIVE CHEMICAL USE, ABUSE AND DEPENDENCE</b>			
<b>HIV'S/AIDS</b>			
<b>Other areas assigned by Supervisor</b>			

Use the following space to describe the accomplishments by the Intern during the six (6) month period. Discussion should include number of hours worked per week, activities performed, volunteer versus employed, etc.: If supervisor terminates the internship, describe the reasons for the termination, including actions of the Intern.


<b>Specific activities planned during the next six (6) months:</b>

<b>General Comments by Supervisor:</b>
Attached additional pages if desired.

<b>General Comments by Intern:</b>
Attached additional pages if desired

**By signing below I am confirming that all information contained in this report is accurate, that all counseling activities of the Intern were conducted in an appropriated manner as defined in NAC 641C, and that the Intern observed all ethical standards for alcohol and drug abuse counseling.**

**Total number of hours worked or volunteered by Intern this reporting period \_\_\_\_\_. An Intern is only allowed to received credit for a maximum of 1,000 hours worked or volunteered in each six-month period.**

Signature of Counselor Intern \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_.

**Or Co Supervisors Signature(s) \_\_\_\_\_.**

**NOTARIZATION OF SUPERVISORS SIGNATURE:**

	Subscribed and sworn to before me this _____
	date of _____
	<b>Month/Year</b>
	Notary Public for the State of _____
	My Commission Expires _____
	_____ <b>Signature of Notary Public</b>

***I HEREBY ATTEST TO THE FOLLOWING: (Progress reports cannot be processed with out the following information).***

- A. I have satisfactorily completed the required hours of approved continuing education as required under NAC 641C.
- B. I declare that I have no mental or physical conditions that prevent me from delivering counseling services at all times.
- C. I have not been arrested, convicted or indicted of any offense or had action taken or initiated against any certification or licensure in any state since my certificate was last renewed.
- a. I have not had disciplinary action taken or have any outstanding allegations or complaints outstanding with this board or any other board in Nevada or other jurisdiction. ***If so please explain in detail.***
- D. a. I am in active recovery from chemical dependency and/or problem gambling and have maintained my abstinence for a minimum of past two years; if in recovery from problem gambling for how many years? \_\_\_\_\_. If in recovery from a substance use disorder, please state for how many years \_\_\_\_\_ or  
b. I have never been chemically dependent, and/ or have a problem gambling and for a minimum of the past two years I have used alcohol and other drugs and/or gambled only in a responsible manner - if at all.
- E. I agree to follow the Ethical Standards and Requirements as identified in NAC 641C.
- F. I understand that all progress reports will be shared with future supervisors and the Board in the event that I apply to the Board for a different supervisor in the future.

***G. In order to provide child support information, federal law requires you to check one of the following:***

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order:

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

- H. If I have received an additional degree since the last reporting period, I have provided the Board with a copy of the degree or transcript of courses taken for the degree.

Current Mailing Address \_\_\_\_\_.

E-Mail Address \_\_\_\_\_.

Signature of Intern \_\_\_\_\_ Date \_\_\_\_\_.

^mos progress report